

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005799

STATE FILE NUMBER

AMENDED

FILED MAR 6 1962

Primary Registration District No. 3010

Registrar's No. 103

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u> Length of stay in lb <u>2 wks.</u>				c. CITY OR TOWN <u>Scott City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>St Mo Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>ANDERSON</u> Last <u>GULLEY</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>15</u> Year <u>1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 2, 1894</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Interior Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Decoration</u>		11. BIRTHPLACE (City and state or country) <u>Scott City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Silas Gulley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Clubb</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Foley Gulley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Mrs Myrtle Gulley</u> Address <u>Scott City, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Carcinoma of the Lung</u> DUE TO (c) <u>[redacted]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>1 1/2 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>[redacted]</u> Month <u>[redacted]</u> Day <u>[redacted]</u> Year <u>[redacted]</u> a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>9-6-60</u> to <u>2-15-62</u> and last saw her alive on <u>2-15-62</u> Death occurred at <u>1059 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James Marshall Jung</u> (Degree or title)				22b. ADDRESS <u>Illmo Mo</u>		22c. DATE SIGNED <u>2-16-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/17/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>			
24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u> ADDRESS <u>Illmo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-62</u>		26. REGISTRAR'S SIGNATURE <u>James Kasten</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Oliver C. Amick*

Licensed Embalmer No.

*4470*

P. O. Address

*Bellevue, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.